CHAPTER 8
SECTION 2.1

DURABLE MEDICAL EQUIPMENT: BASIC PROGRAM

ISSUE DATE: December 29, 1982
AUTHORITY: 32 CFR 199.2 and 32 CFR 199.4(d)(3)(ii)

I. HCPCS PROCEDURE CODES

Level II Codes E0100 - E1900, K0001 - K0547

II. POLICY

A. Durable medical equipment (DME) which is ordered by a physician for the specific use of the beneficiary, and which complies with the following definition of DME may be cost-shared.

B. As defined in the 32 CFR 199.2, durable medical equipment is:

1. Equipment for which the allowable charge is over $100;

2. Medically necessary for the treatment of a covered illness or injury;

3. Improves the function of a malformed, diseased or injured body part or retards further deterioration of the patient's physical condition;

4. Used primarily and customarily to serve a medical purpose, rather than primarily for transportation, comfort or convenience; and

5. Can withstand repeated use;

6. Provides the medically appropriate level of performance and quality for the medical condition present (that is, nonluxury and nondeluxe);

7. Is other than spectacles, eyeglasses, contact lenses or other optical devices, hearing aids, or other communication devices; and

8. Is other than exercise equipment, spas, whirlpools, hot tubs, swimming pools or other such items.

C. Equipment must be prescribed by the attending physician for a use consistent with required U.S. Food and Drug Administration (USFDA) approved labeling for the item. When prescribed use of an item appears to be extraordinary, a signed statement from the

manufacturer that a specific medical device is USFDA-approved for such a use is adequate evidence that the requirement of USFDA approval is met.

D. Repairs. Benefits are allowed for repair of beneficiary owned DME when it is necessary to make the equipment serviceable. This includes the use of a temporary replacement item provided during the period of repair.

E. Replacements. Benefits are allowed for replacement of beneficiary owned DME when the DME is not serviceable due to normal wear, accidental damage, a change in the beneficiary's condition, or the device has been declared adulterated by the USFDA.

F. Modifications. A wheelchair, or an approved alternative, which is necessary to provide basic mobility, including reasonable additional cost to accommodate a particular disability, is covered.

G. Customization, accessories, and supplies that are essential for beneficiary owned DME which otherwise meets the DME benefit requirement to provide therapeutic benefit, or to assure the proper functioning of the equipment or to make the equipment serviceable are covered.

NOTE: A car lift for a wheelchair, or an approved alternative, is considered an accessory.

H. A duplicate item of DME which otherwise meets the DME benefit requirement that is essential to provide a fail-safe in-home life-support system is covered. For the purpose of this policy, "duplicate" means an item of durable medical equipment that meets the definition of durable medical equipment and serves the same purpose that is served by an item of durable medical equipment previously cost-shared by TRICARE. For example, various models of a stationary oxygen concentrator with no significant differences are considered duplicates, whereas stationary and portable concentrators are not considered duplicates of each other because the latter is intended to provide a beneficiary with mobility outside the home. Also for example, an electric wheelchair which otherwise meets the definition of durable medical equipment would not be duplicative of a manual wheelchair previously cost-shared by TRICARE in that the electric wheelchair provides independent mobility not provided by the manual wheelchair.

I. Electric-powered, cart-type vehicles may be cost-shared as an alternate to an electric wheelchair. Benefits will not be extended for the use of both an electric-powered, cart-type vehicle and an electric wheelchair during the same period of time.

III. EXCLUSIONS

A. Durable Medical Equipment (DME) for a beneficiary who is a patient in a type of facility that ordinarily provides the same type of DME item to its patients at no additional charge in the usual course of providing its services is excluded.

B. DME which is available to the beneficiary from a Uniformed Services Medical Treatment Facility.

C. DME with deluxe, luxury, or immaterial features which increase the cost of the item to the government relative to similar item without those features.

D. Maintenance agreement.

E. Routine periodic servicing, such as testing, cleaning, regulating, and checking which the manufacturer does not require be performed by an authorized technician.

F. Duplicate items of otherwise allowable durable medical equipment to be used solely as a back-up to currently owned or rented equipment, except as provided in paragraph II.H.

IV. EFFECTIVE DATE September 28, 1982.

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